

**Frost
Brown Todd** LLC
ATTORNEYS

FILE COPY

KENTUCKY · OHIO · INDIANA · TENNESSEE · WEST VIRGINIA

Thomas P. O'Brien III
(502) 568-0205
TOBRIEN@FBTLAW.COM

September 18, 2007

VIA CERTIFIED MAIL: 7005-1160-0000-2721-0675

Kentucky Secretary of State
Legal Department
P.O. Box 718
Frankfort, KY 40602-0718

Re: *Caudill Seed & Warehouse Co., Inc. d/b/a Caudill Seed Co. v.
Brassica Protection Products LLC*
Service of Complaint

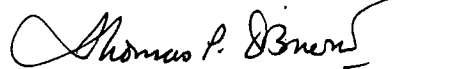
To Whom It May Concern:

Enclosed please find the Civil Summons and Complaint to be served upon Brassica Protection Products LLC at 2400 Boston Street, Suite 358, Baltimore, Maryland 21224, in care of the Secretary of State. I have also enclosed 4 summons as well as 2 attested copies of the Complaint, and Check No. 29450 in the amount of \$10.00 for service.

Could you please provide an executed copy of the proof of service in the self addressed stamped envelope. Please call me if there are any questions and/or problems at 502-779-8497.

Thank you in advance for your assistance and attention to this matter.

Very truly yours,



Thomas P. O'Brien III

Enclosures



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>Kyle Wilson</i> KYLE WILSON <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kentucky Secretary of State Legal Department P.O. Box 718 Frankfort, Ky 40602-0718</p>		<p>B. Received By (Printed Name) <i>SEP 9 2007</i> C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 1160 0000 2721 0675</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540